EVALUATION OF DIRECTOR QUALIFICATIONS

The courses listed below have been reviewed and verified by the Department of Social Services, Community Care Licensing Division, as meeting the requirements for child care center directors in the California Code of Regulations, Title 22, Division 12.

The original of this form, along with copies of transcripts or other relevant documentation, must be kept in the facility file at the District Office. A copy of this form, along with copies of the backup documentation, must be kept in the personnel records of the licensed facility. This form is transferable to other centers and will be accepted by all District Offices.

	PERSO	NAL INFO	ORMATION				COMPONENTS	FACILITY NUMBER		
DIRE	CTOR:						☐ Preschool			
FACI	LITY:						☐ Infant			
						☐ School-Age				
ADD	RESS:						☐ Mildly III Child			
<u>II.</u>	EDUC	ATION/EXF	PERIENCE							
	□ BA i	n Child De	ter Supervisor v. or ECE and ee or transcrip	one year of		(Copy of deg	Dev. or ECE and two gree or transcripts atta only and four years on scripts attached.)	ached.)		
III.			STSECONDA	RY COURSE	<u>ES</u>					
	COUR	SEWORK	IN CD/ECE		COURSE #	UNITS (S/Q)	COLLEGE/UNIVERSITY			
			ROWTH AND							
			AND COMMUI	VITY						
	PROG	RAM/CURI	RICULUM							
	ADMIN	ISTRATIO	N/STAFF RFI	ATIONS						
	ADMINISTRATION/STAFF RELATIONS OTHER: INFANT, SCHOOL-AGE, ETC.									
	TOTAL:									
	ADDIT	ONAL UN	ITS REQUIRE	:D:						
IV.	QUALI	FYING EX	PERIENCE							
	FROM	то	HOURS PER DAY		POSITION(S)	EMPLOYER	R(S)/ADDRESS(ES)	TOTAL: MO/DAY/YR		
٧.	OTHER APPLICABLE EDUCATION/COURSES (based on statutory/regulatory changes) (Backup documentation attached.)									
	COURSE TITLE CPR				DATE COMPLETED		VERIFIED BY			
	First Aid									
	Others									
_										
		eption grai			(Copy of exception atta	•				
Bas	Based on the completion of the requirements identified above, this employee is approved as a: □ Fully qualified preschool director									
	LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE DATE							DATE		
						RE/PRINTED NAME AND DISTRICT OFFICE DATE				
	Fully q	Fully qualified school-age director								
Fully qualified mildly ill child director						PRINTED NAME AND DIST	TED NAME AND DISTRICT OFFICE DATE			

Directions for Completing Evaluation of Director Qualifications

The LPA should fill out this form using the following instructions.

Type or print clearly using black ink. Retain the original form in the facility file at the District Office. Retain one copy in the director's personnel file at the licensed center and return a copy to the director. Attach (to each evaluation) copies of the forms and documents identified below.

I. PERSONAL INFORMATION:

Name: Enter the name of the person applying for an evaluation of qualifications. Include first, middle, and last names.

Facility: Enter complete name, address, and number of facility where the evaluated individual is currently employed.

Components of Program: Check appropriate box(es).

II. EDUCATION/EXPERIENCE:

Check appropriate box and attach appropriate documentation.

III. QUALIFYING POSTSECONDARY COURSES:

Courses: Enter course number, number of units (specify semester or quarter units), and the college where credits were earned. Indicate each course completed. Enter the total units for all courses completed. Enter any additional units required.

IV. QUALIFYING EXPERIENCE:

Employment: Enter the dates of employment; include month/day/year, as well as hours per day. List position(s) held, employer(s)/address(es), and the total number of months, days, and/or years employed.

V. OTHER APPLICABLE EDUCATION/COURSES:

Complete if other additional education/course requirements are applicable based on new statutory/regulatory changes. If not applicable, indicate N/A. Verification of course completion must be attached to this form. Indicate course title and date of completion, and initial.

Exceptions: Check appropriate box. Attach exception if required.

Check the appropriate box(es), and date and sign for every area for which it has been determined that the director is qualified under Title 22 licensing requirements.

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<u>ī.</u>		NAL INFO	RMATION				COMPONENTS	FACILITY NUMBER		
DIRE	CTOR:						☐ Preschool			
FACI	LITY:			☐ Infant						
					☐ School-Age					
ADD	RESS:					☐ Mildly III Child				
	FDLICA	TION/FXF	PERIENCE				,			
<u></u>			ter Supervisor	v Permit (Co	ppy attached.)	☐ AA in Child I	Dev. or ECE and two	vears of experience		
			v. or ECE and		egree or transcripts attached.)					
			e or transcripts	k only and four years of experience						
						(Copy of tran	nscripts attached.)			
<u>III.</u>	QUALIF	YING PO	STSECONDA	RY COURS	ES					
	COURS	EWORK I	N CD/ECE		COURSE #	UNITS (S/Q)	COLLEGE/UNIVERSITY			
	CHILD/	HUMAN G	ROWTH AND	DEV.						
	CHILD,	FAMILY A	ND COMMUN	IITY						
	PROGF	AM/CURF	RICULUM							
_										
	ADMINI	STRATIO	N/STAFF REL	ATIONS						
	OTHER		T, SCHOOL-A	GE, ETC.						
_	TOTAL:									
_	ADDITI	ONAL UNI	TS REQUIRE	D:						
=	OLIALI	VINO EVI	DEDIENOE							
	FROM	TO	PERIENCE HOURS		POSITION(S)	EMPL OYER	R(S)/ADDRESS(ES) TOTAL: MO/DAY/YR			
	KOWI	10	PER DAY		1 dollion(d)	Lim Lotter	(0)/100(10)			
_										
٧.	OTHER APPLICABLE EDUCATION/COURSES (based on statutory/regulatory changes) (Backup documentation attached.)									
	COURSE TITLE CPR			DATE COMPLETED		VERIFIED BY				
	First Aid	<u> </u>								
	Others									
_										
Wa	s an exc	eption gran	nted? 🗌 No	o 🗆 Yes	(Copy of exception attack	ched.)				
Bas	Based on the completion of the requirements identified above, this employee is approved as a:									
Ш	Fully qualified preschool director									
	Fully qualified infant director									
	Fully qualified school-age director									
	Fully qualified mildly ill child director									
					LPA'S SIGNATURE/P	RINTED NAME AND DIST	RICT OFFICE	DATE		

EVALUATION OF DIRECTOR QUALIFICATIONS

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<u></u>	PERSO	NAL INFO	RMATION					COMPONENTS	FACILITY NUMBER		
DIRE	ECTOR:							☐ Preschool			
FAC	ILITY:							☐ Infant			
						☐ School-Age					
ADD	ADDRESS:							☐ Mildly III Child			
	EDUCA	TION/EXP	PERIENCE								
☐ Children's Center Supervisory Permit (Cop						by attached.) AA in Child Dev. or ECE and two years of experience					
	☐ BA in Child Dev. or ECE and one year of experience						(Copy of degree or transcripts attached.)				
	(1)3							ork only and four years of experience			
							(Copy of tra	nscripts attached.)			
III.	QUALIF	QUALIFYING POSTSECONDARY COURSES									
	COURS	EWORK I	N CD/ECE			COURSE #	UNITS (S/Q)	COLLEGE/UNIVERSITY			
	CHILD/I	HUMAN G	ROWTH AND	DEV.							
	CHILD,	FAMILY A	ND COMMU	VITY							
	PROGR	RAM/CURF	RICULUM								
_	4514111	0.75 4.710		4710110							
ADMINISTRATION/STAFF RELATIONS											
	OTHER		T, SCHOOL-A	AGE, ETC.							
_	TOTAL:		TS REQUIRE	.D.							
	ADDITI	JINAL UIVI	13 KEQUIKE	.D.							
IV.	QUALIF	YING EX	PERIENCE								
	FROM	то	HOURS PER DAY		POS	POSITION(S) EMPLO		R(S)/ADDRESS(ES)	TOTAL: MO/DAY/YR		
			1 21(2/(1								
V.	OTHER	APPLICA	BLE EDUCA	TION/COU	RSES	(based on statutory/i	egulatory chan	ges) (Backup docume	entation attached.)		
	COURSE TITLE				DATE COMPLETED		VERIFIED BY				
_	CPR First Aid	1									
	Others	<u> </u>									
Wa	as an exce	eption gran	nted? N	o 🗌 Yes	(Co	py of exception attach	ned.)				
Ва	Based on the completion of the requirements identified above, this employee is approved as a:										
Ш	Fully qualified preschool director										
	Fully qualified school-age director							DATE			
	☐ Fully qualified mildly ill child director										
						LPA'S SIGNATURE/PR	INTED NAME AND DIST	TRICT OFFICE	DATE		